



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

SELF-EFFICACY QUESTIONNAIRE

Patient-Physician Interactions:

For the following questions, please indicate how confident you are on a scale from 1 to 5 where 1='not at all confident' and 5='very confident'.

How confident are you in your ability to:	Not at all confident				Very confident
1. Know what questions to ask a doctor	<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5
2. Get a doctor to answer all of your questions	<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5
3. Make the most of your visit with the doctor	<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5
4. Get a doctor to take your chief health concerns seriously	<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5
5. Get a doctor to do something about your chief health concern	<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5

The above set of questions is based on the 5-item Perceived Efficacy in Patient-Physician Interaction Questionnaire (PEPPI-5).

Self-Care and Self-Management:

For the following questions, please indicate how confident you are on a scale from 1 to 10 where 1='not at all confident' and 10='totally confident'.

6. Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all the things necessary to manage your condition on a regular basis?

Not at all confident										Totally confident
<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5	<input type="checkbox"/> ₆ 6	<input type="checkbox"/> ₇ 7	<input type="checkbox"/> ₈ 8	<input type="checkbox"/> ₉ 9	<input type="checkbox"/> ₁₀ 10	

7. How confident are you that you can judge when the changes in your illness mean you should visit a doctor?

Not at all confident										Totally confident
<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5	<input type="checkbox"/> ₆ 6	<input type="checkbox"/> ₇ 7	<input type="checkbox"/> ₈ 8	<input type="checkbox"/> ₉ 9	<input type="checkbox"/> ₁₀ 10	

8. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

Not at all confident										Totally confident
<input type="checkbox"/> ₁ 1	<input type="checkbox"/> ₂ 2	<input type="checkbox"/> ₃ 3	<input type="checkbox"/> ₄ 4	<input type="checkbox"/> ₅ 5	<input type="checkbox"/> ₆ 6	<input type="checkbox"/> ₇ 7	<input type="checkbox"/> ₈ 8	<input type="checkbox"/> ₉ 9	<input type="checkbox"/> ₁₀ 10	



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SELF-EFFICACY QUESTIONNAIRE

Self-Care and Self-Management: (Continued)

9. How confident are you that you can reduce the emotional distress caused by your health condition so that it does not affect your everyday life?

Not at all
confident

Totally
confident

₁ 1 ₂ 2 ₃ 3 ₄ 4 ₅ 5 ₆ 6 ₇ 7 ₈ 8 ₉ 9 ₁₀ 10

10. How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life?

Not at all
confident

Totally
confident

₁ 1 ₂ 2 ₃ 3 ₄ 4 ₅ 5 ₆ 6 ₇ 7 ₈ 8 ₉ 9 ₁₀ 10

The above set of questions is based on the 5-item "Manage Disease in General Scale" from the Stanford Patient Education Research Center.

For Research Coordinator use only: CRF was: ₁ Self-administered ₂ Interviewer-administered